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PRACTICAL ASPECTS OF RANK'S EARLY WORK

This article builds upon my earlier piece in this journal (1) on Rank's early view of neurosis, and anxiety, in terms of the psychic significance of the birth trauma on later development. (2) My first paper on Rank looked only at his **theory** *and its significance. Now it is useful to consider more practical issues:*

1) *how Rank's theory worked in the therapy room, and*
2) *some consideration of the evidence Rank uses to support his birth-trauma theory.*

I will also make some brief reference to more recent contributions; the stress here is on Winnicott's views. (3)

The **one** central idea which underlies all of Rank's early work with the birth trauma is that all births are deeply disturbing, so much so that they structure psychic development from thenceforth - both for the "normal" person, the neurotic (or psychotic) and the "creative" person. The last he refers to as "the artist", using the term in a wide sense.

The difference between these three types is about whether in their daily living and loving, they become able to "adjust" to the trauma of birth (the "normal"); or continually regress to it and act it out (the neurotic); or whether they can "act out" of it in a rather different way from the neurotic: in a socially accepted and valued manner ("the artist"). So, broadly, the aim of therapy is to encourage the neurotic or psychotic to move towards "normal" ways of coping with the trauma.

WHAT DOES RANK'S THEORY MEAN FOR ACTUAL THERAPEUTIC WORK

Rank's birth trauma theory certainly developed out of clinical work but the book, **The Trauma of Birth,** is presented in an intellectual manner with very little case material. Nevertheless he does present an **approach** to psychotherapeutic work which is clear, dramatic and very much in tune with the way psychoanalytic problems were perceived in the 1920s.

The "therapeutic task" as Rank then saw it, is an active, cathartic transference leading to a "reliving" of an actual birth trauma but the purpose is to break the tie with the therapist upon whom mother - ultimately the desire to return to the womb (the place of "primal bliss") - is projected. There can be no question of "dissolving" the birth trauma and primal anxiety. Our birth, like the rest of our history, is an unalterable fact, yet our relationship to it, our feelings and emotions about it, can change. Similarly primal anxiety can be used in a constructive manner, or otherwise; it can fuel creativity as much as it can (self-) destructiveness. From this perspective, it is clear that Rank's "task" with clients will be to help them back on to the path of "normal" development. (4)

Before proceeding in more detail into Rank's therapeutic strategy, the context in which he was working must be noted. By the twenties there was a growing unease amongst analysts about the effectiveness of their work with clients. It was as though Freud's psychoanalytic theory was very illuminating and powerful but the practical results, client work, quite often wasn't.

There was a medical meaning attaching to "cure" and in this Rank at that time was at one with most of his colleagues: he likens the analyst to "the surgeon". (5)

A major aspect of both the analysts' disquiet and their approach to neurosis revolved around the length of treatment. Originally Freud had hoped that intensive work - meeting each day of the week - for a short period would uncover the "primal scene", and recovery would rapidly follow. But the expected 3-6 months of analysis was already often turning out to be 2-3 years and, given the frequency of sessions, analysis was clearly so much more expensive than first expected.

Additionally, clients often only gained an intellectual understanding of their problems and their infantile roots. Knowing, in a deeper sense, often eluded them and so too did the capacity to initiate real changes in their current lives.

The result was that Freud especially encouraged innovation on "technical questions". However, he perhaps did not have the same flexibility over theoretical issues. Of course, the two cannot be split from one another as depth psychology is essentially practical in nature; work with clients often leads to psychological

knowledge which in turn informs work with clients. Yet the result of Freud's attitude was that many of the "bright young men" of psychoanalysis - Ferenczi, Rank, Reich and others - put their energies into the "safe" area of technique. (6) There was, consequently, a highly conscious effort to solve "technical issues" as they were then felt, with the hope that psychoanalysis could enter a phase where results were more in line with the original promise.

What then were the special features of Rank's style? Along with many of the other innovators the stress was upon fostering an **active, cathartic** transference. Also like the others Rank sought to "legitimatise" his work by a heavy use of Freudian language and a good deal of referring back to Freud's writings for support. For instance, in **The Birth Trauma** Rank reminded his (psychoanalytic) readers of Freud's earliest work with Breuer on the celebrated "Anna O" case. Rank, of course, stressed the cathartic emphasis in this work and the active interventions by Breuer and Freud.

Further, another early idea of Freud's was "restored" to a central place: Freud's original conception of a primal scene - **a first cause, the** point at which things started to go wrong - was valid and important Rank tells us. Of course, the primal scene has now changed; it is about birth trauma, not the Oedipus complex.

Finally, Rank pointed out that the form for classical analysis as laid down by Freud well suited his therapeutic purpose: daily sessions at the same time of the day; the semi-darkened room; lying down on a couch; and so on. (7) All of this meant, Rank informs us, that analysis already took place in a womb-like context.

From Rank's standpoint this type of atmosphere was to be encouraged because it fostered the **material** transference, (8) the first stage in his style of working. Rank regards the neurotic as different from the "normal" person in that the pull of the unconscious - finally the birth trauma - is greater than for others. The neurotic is less able to project this outwards into work and cultural activity.

The therapist should, according to Rank, encourage this tendency even though it is **the** problem. But to be effective he should mobilise the more adult side as well. This is done in the following manner:

a) To focus the analysis as soon as the maternal transference is established by an interpretation whereby the analyst tells the client about the problem/his problem - the birth trauma. This is one of several rather dramatic therapeutic moves, each of which is in line with the therapeutic task as Rank saw it.

b) Work would then proceed in an orderly way working from the base upwards, i.e., all subsequent material from the client can be related to this first interpretation and presented as a reflection of the birth trauma.

This is particularly useful. The regressive tendency of the neurotic is indulged but the effect is interesting: increasing awareness of infantile drives and of the impossibility of what the unconscious really wants. As the client becomes more conscious of this, the ego is strengthened as a result.

c) When the therapist judged that this process has gone far enough, he makes another bold move: a definite date is fixed for ending the analysis.

The purpose behind this is to force the **paternal** transference, (9) to push the client's psyche in the direction of the intruding father and thereby pave the way to a reliving of the birth trauma in a way that severs the client from the analyst.

But the first effect of this intervention is to encourage a flood of Oedipal material. Again the analyst's interpretations continually take this back to the pre-Oedipal and the birth trauma. This approach continues until the reliving of the birth is indicated in dreams. These are, Rank insists, about the past - the actual birth - and on no account, we are told, should a Jungian interpretation (i.e., which considers the idea of **re**birth - the past/present/**future** sequence) be brought in to "confuse" the work.

The final stage is the actual "reliving" of the birth under the massive pressure of the approaching termination date. What does this achieve? Rank says

> it is a matter of allowing the patient who in his neurosis has fled back to the mother fixation, **to repeat and to understand** (in the deepest sense) **the birth trauma and its solution during the analysis in the transference,** without allowing

him the unconscious reproduction of the same (the mother tie) in the severance from the analyst. (10)

The work is likely to be successful if the therapist is, in Rank's words, a good "midwife" and the client actually begins to want a way out of his neurosis, i.e., to take the "normal" solution to the mother/pleasure problem. The client, like the "normal" individual and even more so for Rank, " the artist", is able to grow by a new relationship to his birth: to "throw it. . . forwards and project it outwards, and . . . thus objectify it."

Rank ends his book on the birth trauma by saying that perhaps the human race will eventually "evolve" further so an even better relationship with the birth trauma and primal anxiety is possible. Today the human being is in "short clothes". According to **The Trauma**, all psychotherapy can currently hope to do is to enable the neurotic to be in "short clothes" too. Perhaps, he suggested, "the artist" points the way forward.

THE QUESTION OF EVIDENCE

Throughout his book Rank amasses a wealth of material which he uses to support his view of the primacy and universality of the birth trauma in terms of personality development. However, in this brief section I will not consider all the different types of evidence that Rank offers because much of it is only of a **confirmatory** nature at best. His examination of religious, artistic and philosophic data, and his interpretation of common "phobias" of childhood do little to really ground his theory in any compelling manner. There is a circularity involved in the way he looks at this material. Granted that one accepts the basic theory then it can be interpreted in terms of that same theory. Yet one could "explain" the same material by reference to a whole range of quite different theories. It is in this sense that so much of Rank's evidence is hardly conclusive and only confirmatory, if that.

Yet this is not something totally unique to Rank and **The Birth Trauma**, and not all his evidence is of this kind. What he says about the reliving of the primal scene is much more persuasive and Winnicott in particular has extended Rank's scant remarks somewhat.

The central question concerns the "reality" of reliving the trauma and its significance in our lives. Rank took this reliving to be directly concerned with the original, physical birth: he called it the earliest "analytically comprehensible trauma". (11)

Rank says in the "reliving" of the actual birth experience the client makes movements and goes into physical positions which are **directly** linked to their present-day neurotic symptoms. This surely is evidence of a stronger, more compelling kind than the many reductionisms Rank otherwise offers in support.

These physical movements, sensations and positions the client moves into could not be consciously known by him until the "reliving" happens in the therapy room. However, it should also be borne in mind that many of these experiences cannot be verified by other people present at the client's birth - the mother, nurses, doctors, the father, etc.

But the important thing is the link with symptoms. Winnicott goes more into detail than Rank and speaks of the connection between head and chest constrictions and birth experiences:

> I find a link between birth trauma and the psychosomatic disorders, notably certain headaches (those felt as a band around the head), and breathing disturbances of various kinds. In this case one could say that the birth trauma can influence the pattern of the hypochondria. (12)

Yet Winnicott does not accept Rank's fundamental view of the universality of birth trauma. He distinguishes three separate categories:

1) the normal birth experience which the infant feels as positive and successful and in this case, birth is an event which is likely to aid the emerging ego.

2) the traumatic birth experience where there is some level of environmental impingement but this will be readily abreacted in later breast-feeding experiences with the mother.

3) the very traumatic birth which, according to Winnicott, is of such severity that the child has to react either by developing premature mental activity designed to distance the experience (the infant has no conception based on experi-

ence that this intolerable level of impingement will **ever** end) or the converse will occur, and the infant will become mentally retarded. In either case the psyche is severely damaged.

For the very traumatic birth Winnicott would agree with Rank that the birth experience has to be worked with cathartically. Yet even here Winnicott would not strike Rank's monochord: abreaction linked with birth would be **one aspect** of therapy, although, in these cases,a very important, even indispensable, one.

Similarly Rank himself in later work seems to have softened and qualified his own obsession in **The Birth Trauma** with the "reliving" only having meaning as an actual event in the client's past. The interconnection of the symbolic **and** the real becomes a clear feature of Rank's laterwritings where his views no longer have the antipathy to Jung which pumctuates **The Trauma of Birth.**

Footnotes

*(1) Ian Tilley, "The Re-emergence of Early Rank: The Birth Trauma", **Self and Society** (mar-Apr. 1982)*

*(2) Otto Rank, **The Trauma of Birth** (New York: Harper & Row, 1973). This book was finished in 1923 and first translated into English in 1929.*

*(3) D.W. Winnicott, **Through Paediatrics to Psycho-analysis** (London: Hogarth Press, 1977), pp.174-93. This is his essay entitled "Birth Memories, Birth Trauma, and Anxiety" (1949)*

(4) He thinks this is the realistic goal for most. The "artist" is rarer - yet critically important for Rank. See pp. 4-5 below.

*(5) **The Trauma**, p. 203.*

(6) This way of avoiding conflict with Freud and his theory ideas was hardly successful as most of those who stressed "technical issues" and fitted their new work around Freud's theoretical structure were the same ones that were soon to leave psychoanalysis or at least have an uneasy relationship with the organisation.

(7) Today most clients undertake something considerably less in terms of time than classical analysis and many analysts are fairly eclectic, usins a considerable number of techniques which Freud would have considered far too "suggestive" in addition to free association and dream analysis. Thus, a distinction is nowadays drawn between classical analysis - mandatory for trainee analysts - and what is termed psychoanalytical psychotherapy where the number of weekly sessions, and thence the cost, is reduced.

(8) Refer to Tilley, "Re-emergence of Early Rank" for a discussion of how Rank switches the primary emphasis from the paternal (Oedipal) to the maternal.

*(9) See **ibid.** for the place and psychic meaning Rank accords the Oedipus complex, and the differences between this and Freud's classical view.*

*(10) **The Trauma**, pp. 213-4, emphasis from the original.*

*(11) Others have **speculated** about prenatal experience, the latest well known case being R.D. Laing, **The Facts of Life** (Harmondsworth: Penguin, 1976)*

*(12) Winnicott, **Through Paediatrics to Psycho-Analysis**, p. 191.*